

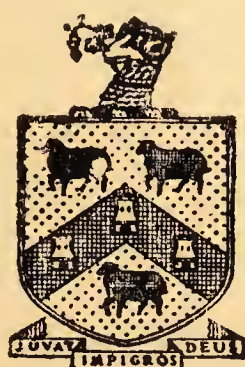
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County Borough



of Huddersfield



# ANNUAL REPORT

ON THE

# SCHOOL HEALTH

# SERVICE

FOR

# 1962

R. G. DAVIES, M.D., D.P.H., Barrister-at-law  
Principal School Medical Officer



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## COUNTY BOROUGH OF HUDDERSFIELD

**Education Committee 1962**


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Chairman: Alderman J. L. DAWSON, M.A., J.P.		
Alderman	J. A. Bray (The Mayor)	Councillor A. Mennell
„	N. Day	„ P. H. Rhodes
„	A. Gardiner, O.B.E., J.P.	„ D. Sisson
„	J. T. Gee	„ D. Sykes
„	M. L. Middlebrook-Haigh, M.B.E.	Co-opted Members:
Councillor	D. Avison	H. Armitage, B.Sc.
„	J. J. Brown	Mrs. S. Cliffe
„	A. J. Hazelden, J.P.	Mrs. B. Cole, J.P.
„	L. Hirstwood	Mrs. K. Coward, J.P.
„	H. S. Hopkins	Mrs. E. Ward
„	P. M. Jessop	J. Hawley
„	F. Lawton, J.P.	G. Lockwood
„	J. Lennox, M.A.	Rev. F. Thewlis

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**School Health Staff****Principal School Medical Officer:**

R. G. DAVIES, M.D., D.P.H., Barrister-at-Law

**Deputy Principal School Medical Officer:**

R. STALKER, M.B., Ch.B., D.P.H. (Commenced 1.5.62)

**Senior Assistant School Medical Officer:**

EUPHEMIA T. GUILD, M.B., Ch.B., D.P.H.

**Assistant Medical Officers of Health/School Medical Officers:**

Margaret M. Bodoano, M.B., Ch.B.

Michael A. Hill, M.B., Ch.B.

Ronald Williams, M.B., B.S., D.R.C.O.G.

**Consultants:** (By arrangement with Leeds Regional Hospital Board).**Ophthalmic Surgeon (Part time)**

William M. C. Gilmour, M.B., D.O.M.S.

**Orthopaedic Surgeon (Part time)**

John Hunter Annan, M.B., F.R.C.S.

**Skin Specialist (Part time)**

Alexander J. E. Barlow, M.D., M.R.C.S., L.R.C.P., Ch.B.

**Psychiatrist (Part time)**

Irene Turgel, M.D.

**Principal School Dental Officer:**

Alexander B. Shields, L.D.S., R.F.P.S.

**School Dental Officer: (Full time)**

Thomas H. Madden.



**Dental Officers employed on a sessional basis :**

N. Brierley, B.Ch.D., L.D.S.  
 J. R. Woodhouse, B.Ch.D., L.D.S. (Commenced 2.4.62).  
 W. M. Crowther, B.Ch.D., L.D.S. (Commenced 8.8.62).

**Educational Psychologist :**

K. T. Pickup, B.A. (Hons. Psychol.).

**Social Worker (Part time)**

Miss M. E. Porritt, S.R.N., S.C.M., H.V.Cert.

**Speech Therapist and Audiologist (Full time)**

Thomas R. Francis, L.C.S.T.

**Speech Therapist (Part time)**

Mrs. S. Brough, L.C.S.T.

**Physiotherapist (Full time)**

Mrs. W. G. Ritchie, M.C.S.P., O.N.C.

**Physiotherapy Assistants (Part time)**

Mrs. B. Brook, B.Sc.  
 Mrs. A. M. Dawson (Commenced 23.3.62).  
 Mrs. I. M. Gomersall (Commenced 23.3.62)  
 Mrs. M. M. Pilling (Commenced 23.3.62).

**Superintendent Health Visitor/School Nurse :**

Miss M. E. Porritt, S.R.N., S.C.M., H.V.Cert.

**Health Visitors/School Nurses :**

Mrs. M. Bainbridge, S.R.N., S.C.M., H.V.Cert.  
 Miss G. I. Callon, S.R.N., S.C.M., H.V.Cert.  
 Miss N. Cannell, S.R.N., S.C.M., H.V.Cert.  
 Miss C. Clarke, S.R.N., S.C.M., H.V.Cert.  
 Miss D. Easter, S.R.N., S.C.M., H.V.Cert.  
 Miss M. Hood, S.R.N., S.C.M., H.V.Cert.  
 Miss L. Natrass, S.R.N., S.C.M., H.V.Cert.  
 Miss E. O'Sullivan, S.R.N., H.V.Cert.  
 Mrs. W. Raspin, S.R.N., H.V.Cert.  
 Miss P. Roebuck, S.R.N., S.C.M., H.V.Cert.  
 Mrs. M. Sutcliffe, S.R.N., S.C.M., H.V.Cert.  
 Mrs. C. M. Sutton, S.R.N. (Acting).  
 Mrs. D. Jones, S.R.N., S.C.M. (Trainee).  
 Miss E. Armstrong, S.R.N., S.C.M., (Trainee) (Commenced 1.8.62)  
 Miss J. Mathews, S.R.N. (Trainee) (Commenced 13.8.62)

**School Nurses/Clinic Nurses :**

Mrs. M. Ashley, S.R.N., S.C.M., R.S.C.N. (Full time).  
 Mrs. P. Crowther, S.R.N., (Part time).  
 Mrs. M. Eastwood, S.R.N. (Part time)  
 Mrs. P. Muff, S.R.N. (Part time).  
 Mrs. L. Thornton, S.R.N. (Part time)  
 Mrs. M. Kettlewell, S.R.N., S.C.M. (Part time) (Commenced 27.2.62).

**Clerical Staff:**

Mrs. N. Fountain  
 Mrs. R. Hawkyard  
 Mrs. J. Hicks  
 Miss M. Eastwood (Ceased duty 8.9.62).  
 Miss M. Dixon (Commenced 15.10.62).  
 Mrs. P. Gadd (Dental Attendant/Clerk).  
 Miss W. Rogers (Dental Attendant/Clerk).  
 Mrs. M. Netherwood (Dental Attendant/Clerk) (Commenced 22.7.62).  
 Mrs. D. M. Meade (Child Guidance Clinic).

To the Chairman and Members of

THE EDUCATION COMMITTEE.

Mr. Chairman, Ladies and Gentlemen,

I have the honour to present the Annual Report of the School Health Service for the year ended December 31st, 1962. The statistical tables embodied in the Report have been prepared in the form approved in previous years by the Ministry of Education.

The only change in medical staff during the year was the appointment of Dr. R. Stalker, who commenced duties as Deputy Principal School Medical Officer at the beginning of May, the post having been vacant for just over a year since the previous Deputy Principal School Medical Officer left in April, 1961. The position as regards permanent dental staff remained the same. With only a Principal School Dental Officer and one School Dental Officer, the establishment is much below what it should be. This is in spite of repeated advertising for staff throughout the year. The lack of recruits to the School Dental Service is most unsatisfactory at a time when the increase in caries amongst children is giving anxiety to the whole of the dental profession. The only encouraging fact is that there has been a small increase in operating staff as a result of additional sessions worked by part-time dental surgeons. The position as regards Health Visitors/School Nurses has continued to improve, and I think the number of School Nurses with the Health Visitor's Certificate is now higher than it has ever been previously.

The routine school work continued as usual throughout the year, both in respect of ordinary school examinations and in respect of handicapped pupils. The number of periodic medical inspections declined slightly, but the number of special and re-inspections increased. Actual figures are contained in the body of the report. The number of children classified as "unsatisfactory" continues to decline, two only during the whole year being classified in this group. The classification itself is somewhat nebulous depending on the assessment of the individual medical officer, but it does show the continued improvement in the general nutritional and physical condition of the school children of the borough. The number of children attending Minor Ailment Clinics, however, showed a marked increase on the previous year. The biggest increases were at the special clinics set up on the school premises at the Salendine Nook group of schools, and at the Clinic opened in the Greenhead High School for Girls. The number of children attending these two Clinics, which were set up experimentally in these two groups of schools, amounting to nearly 6,000 compared with only 4,000 at the Central Clinic, would seem to show that the experiment of having a special clinic at these schools was more than justified. Requests have been made by the Headmasters of other schools for similar facilities, and undoubtedly with the improvement in the school nursing position, these might be considered at a later date.

The figures for heights and weights show no dramatic changes over the last few years, but when one compares the heights and weights of five-year old entrants to school in 1962 with those in 1912 it is obvious that there has been a dramatic change in the development of younger children over the past fifty years. The improvements in the general physical health of children would seem to



indicate that there should now be some modification in the method of routine medical inspection ; that this might be the case was pointed out by the Ministry of Education some years ago, and at the end of the year discussions were taking place between the Officers of the Education Department and the School Health Service of possible ways that this might be done. One method of approach might be to cut out one of the age groups and to concentrate more on regular periodic attendance, certainly at some of the larger schools, by the school doctor, and school nurses to discuss with the Head Teachers problems arising over individual children. The experiments at Salendine Nook and Greenhead would certainly seem to show that children welcome the opportunity to visit, and perhaps discuss certain problems with the school nurses.

Children still continue to attend the Chiropody Clinic run by the Health Department, but attendances were reduced on those of the previous year, probably as a result of the chiropodist having more of his time taken up by the care of elderly persons. The Physiotherapy Clinic benefited during the year by an increase in part-time staff. Foot deformities, to which I drew attention five years ago, continued to be a major problem. Footwear fashions during that period have altered considerably, but somehow fashion always seems to produce some form of foot defect, and the current fashion of wearing pointed toes, even among very young children, is having a deleterious effect on children's feet.

During 1962 some 86 children were referred to ascertain whether they were educationally sub-normal, or had a more severe mental handicap. The numbers referred were somewhat less than in the previous year. The number certified as requiring education in a special school was the same as the previous year, but the number notified to the Mental Health Sub-Committee as being too mentally sub-normal to receive education at school or requiring supervision after school, was considerably reduced. Although these are early days, this would seem to show justification for the Authority's forethought in setting up Ashwood as an experimental school to deal with the lower grade of educationally sub-normal child, and so preventing the necessity for the child being ineducable. As the Committee know, I have always held the view that every child who can possibly be contained within the educational system should be kept within that system, and there should be very definite grounds, such as multiple handicap or very bad social behaviour, adversely affecting other children, before any child should be branded as unfit to be included in the educational system and be transferred elsewhere. I think the Huddersfield Authority, by its experiments at Ashwood School and the Brook House Day Nursery, has advanced as far as any other Authority in the country in reaching towards this ideal.

The number of acceptances for skin tests for B.C.G. vaccination continue to rise, 68 per cent accepting in 1962 compared with 62 per cent in 1961 and 43 per cent in 1960, but the actual number of children vaccinated in 1962 showed a slight reduction over the previous year. The beginning of 1962 saw the development of one of the biggest smallpox scares in this country for some time, and as one of the main centres was Bradford, this brought the problem



particularly near home. There was an enormous demand for vaccination from all sections of the community, and certainly from some sections of the school population. It was particularly noticeable that certain of the teen-aged girls were vaccination conscious. In spite of difficulties encountered at the time as regards obtaining vaccine, numbers of school children were vaccinated at the Clinic, and as soon as possible, arrangements were made for teams to visit the schools to vaccinate every child or member of the staff who wished to be done. With the co-operation of the Officers of the Education Department, these arrangements worked well, and I think were carried out to everyone's satisfaction.

The number of individual pupils examined for vermin showed a reduction on the previous year, and as a consequence the number of individual pupils found to be infested was also reduced in an approximately proportionate ratio. It has not been the practice for some years to investigate in grammar schools for vermin, and during the year an approach was made to Head Teachers of Secondary Modern Schools to change the present system of routine inspection to one in which the School Nurses visit the school at intervals to see only those children that teachers thought should be investigated. It was thought that perhaps older children found routine inspection somewhat humiliating, and that the alternative method might achieve success without every child having to be examined. Opinion amongst the Head Teachers regarding the change was pretty well equally divided, and to begin with it was decided to continue with routine inspections in schools where the Head Teachers wanted them, and to try the other method where Head Teachers preferred that. It will remain to be seen how this works out.

The Committee again showed particular attention with regard to screening tests for vision and hearing. In view of its advanced policy in sending the Speech Therapist for a course in Audiology, it has probably now developed one of the best comprehensive audiology services amongst school health authorities in this country. The experiment of testing the hearing of school children was continued throughout the year, and will now be developed further. Table D makes interesting reading, as it will be seen that the vision of every child is now tested during the first year of school, that the colour vision testing of all boys is carried out at 14, and that all children have a hearing test by their second year in infant school.

Health Education continues to be one of the prime objects of the School Health Service, and one particularly successful experiment was carried out at one of the Secondary Modern Schools, the Deputy Principal School Medical Officer giving a series of lectures at this school on Health Education subjects. Both the Head Master and the Deputy Principal School Medical Officer felt that the experiment had been a success.

The body of the Report contains a full report concerning the School Dental Service, the Child Guidance Clinic, Speech Therapy, and also the Report of the General Organiser for Physical Education. The Principal School Dental Officer again expresses his concern, as he has done in the past, over the lack of recruitment of whole-time officers for the School Dental Service. I think all the reports indicate the need for as complete a liaison as possible between all

sections of the school Health Service, Health Department and the Education Department. A child does not begin or end at any special age, and the aim of all sections is to provide for the benefit of the child from birth to adult life, whenever this might occur. The various sections can all benefit from the help of each other.

This report, is, one might say, written posthumously, as I will have already left the services of the Authority before it is published. I would, therefore, wish to shortly express my thanks in this, my last of six reports, to all the Officers of the Department for their help and encouragement over the past six years. Particularly, I wish to thank Mr. Gray, the Chief Education Officer for his help, advice and understanding ; Mr. Grattan-Guinness, Deputy Chief Education Officer, who has had to deal with the administrative problems of liaison, and Mr. Ashbery, who has dealt directly with many of our problems, and has always given what ever help he could.

To you, Mr. Chairman, and Members of the Committee, I would also express my thanks for your patience in putting up with some of my ideas, and for your help and encouragement over the past six years.

I think the Huddersfield Education Committee can be proud of the ideas put into being by its School Health Service, as it can in many other aspects of its work. I would in this, my last Report, wish it all success in the future.

Yours faithfully,

R. G. DAVIES.

7.5.63.

## COUNTY BOROUGH OF HUDDERSFIELD

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MEDICAL INSPECTION  
OF SCHOOL CHILDREN

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ANNUAL REPORT for the Year 1962

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## SCHOOLS IN THE AREA

Primary	...	...	39
Secondary Modern	...		9
Selective Secondary	...		5

THE SCHOOL HEALTH SERVICE IN RELATION TO  
PRIMARY AND SECONDARY SCHOOLS

Routine Examinations:—The following table shows the number of children examined during the year in the age groups subject to periodic medical inspections:—

## PERIODIC MEDICAL INSPECTIONS

Entrants (Primary Schools)	...	...	...	...	1898
Intermediates	...	...	...	...	1782
Leavers (Primary & Secondary Modern Schools)	...				1432
Leavers (Selective Secondary Schools)	...	...			744
Total	...	...	...	...	5856

## OTHER INSPECTIONS

Number of Special Inspections	...	...	...	6512
Number of Re-Inspections	...	...	...	2186
Total	...	...	...	8698



## FINDINGS OF MEDICAL INSPECTIONS

(a) PHYSICAL CONDITION. The classification of physical condition varies a little from 1961, fewer children being classified as unsatisfactory. Out of the total of 5856 children examined at medical inspection during the year 5854 were classified in the Satisfactory group and 2 in the Unsatisfactory group.

(b) MINOR AILMENTS AND DISEASES OF THE SKIN. Treatment of minor ailments is carried out at the Central School Clinic, at the Salendine Nook Clinic and Greenhead Clinic. Tables showing the nature and number of defects dealt with are given later in the report. These tables show that out of 9470 attendances 4250 were made by children suffering from minor skin diseases, and 1003 cases were dealt with during the year, made up as follows:—

Central Clinic	Salendine Nook Clinic	Greenhead Clinic	Total
3786	4553	1126	9470
2272	1306	672	4250
453	358	192	1003

The following figures show the number of cases of skin diseases dealt with during 1962 compared with 1961:—

		1961	1962
Ringworm:	Head ... ..	—	—
	Body ... ..	3	4
Scabies	... ..	11	4
Impetigo	... ..	18	28
Other Skin Diseases (Non-Tuberculous)	... ..	766	967

The total number of attendances at the Clinics were 9470 compared with 7308 in 1961.

(c) VISUAL DEFECTS AND EXTERNAL EYE DISEASES. The following figures show the number of cases of defective vision (excluding strabismus) found at medical inspection to require treatment during recent years:—

Year	Number
1958	786
1959	837
1960	796
1961	827
1962	768

The number of cases of external eye diseases found at medical inspections to require treatment is shown by the following figures:—

	1961	1962
Blepharitis ... ..	9	21
Conjunctivitis ... ..	5	4
Corneal Opacities ... ..	—	—
Other conditions (excluding defective vision and squint) ... ..	10	4
Total ... ..	24	29

(d) NOSE AND THROAT DEFECTS. The commonest defect of this kind was chronic tonsillitis. Cases found were as follows:—

						1961	1962
Chronic tonsillitis only	...	...	...			50	46
Adenoids	...	...	...	...	...	8	3
Chronic tonsillitis and adenoids	...	...	...			25	19
Other conditions	...	...	...	...		36	11
Total	...	...	...	...	...	119	79

(e) EAR DISEASE AND DEFECTIVE HEARING. 52 cases of ear defects requiring treatment were found at medical inspection during the year. They were classified as follows:—

						1961	1962
Defective hearing	...	...	...	...		25	22
Otitis Media	...	...	...	...	...	21	18
Other Conditions	...	...	...	...		6	12
Total	...	...	...	...	...	52	52

(f) DENTAL DEFECTS. The percentage of children referred for treatment on account of dental defects was 6.59%. Dental inspections are carried out at the schools by the dental officers as staffing permits.

(g) ORTHOPAEDIC AND POSTURAL DEFECTS. 231 cases of orthopaedic and postural defects requiring specialised treatment were found at medical inspections during the year, and 94 cases with minor degree of deformity or malposture were referred for observation.

(h) HEART DISEASE. Eight cases of heart disease were found during 1962.

(i) ANAEMIA. No cases of simple anaemia were found to require treatment during the year.

(j) TUBERCULOSIS. No cases of tuberculosis were noted at the routine medical inspections held during 1962.

## HEIGHTS AND WEIGHTS

Children aged 5, 10 and 14 years medically inspected during 1962)

Age Years	Number examined		Average weight lbs.		Average Height ins.	
	1952	1962	1952	1962	1952	1962
5 (Boys)	709	667 (666)	44.24	43.57 (43.45)	43.95	43.82 (43.81)
5 (Girls)	680	654 (576)	42.84	42.22 (41.93)	43.64	43.42 (43.43)
10 (Boys)	321	360 (410)	70.17	71.37 (71.96)	54.10	54.19 (54.26)
10 (Girls)	258	364 (338)	67.86	71.37 (71.72)	53.67	53.70 (53.70)
14 (Boys)	245	126 (179)	104.51	107.68 (108.06)	62.27	62.38 (62.80)
14 (Girls)	239	130 (128)	106.08	110.02 (108.84)	61.81	61.85 (62.38)

These figures show little change when compared with the previous year, apart from the 14 year old girls who show a slight increase in weight.

The figures in brackets show the heights and weights for the previous year and the corresponding figures for ten years ago, are given for comparison.

## HEIGHT AND WEIGHT OF SCHOOL ENTRANTS (5 YEARS)

Year	BOYS		GIRLS	
	Weight	Height	Weight	Height
1912	38.68	40.68	37.74	40.44
1929	41.53	43.32	40.53	42.72
1948	44.00	44.59	43.10	43.55
1953	44.27	44.16	42.72	43.71
1957	43.47	43.72	41.85	43.27
1962	43.57	43.82	42.22	43.42

NUMBER OF CHILDREN EXAMINED AT ROUTINE MEDICAL INSPECTION  
DURING 1962 AND FOUND TO HAVE HAD TONSILLECTOMY

## BOYS

Age Groups Inspected				Number examined	Tonsil- lectomy	Percent
Entrants—Primary Schools	...	...	...	962	41	4.26
Intermediates	...	...	...	926	142	15.33
Leavers—Primary and S.M.	...	...	...	690	129	18.70
Leavers—Selective Secondary	...	...	...	308	74	24.03

## GIRLS

Age Groups Inspected				Number examined	Tonsil- lectomy	Percent
Entrants—Primary Schools	...	...	...	936	39	4.17
Intermediates	...	...	...	896	143	15.96
Leavers—Primary and S.M.	...	...	...	702	135	19.23
Leavers—Selective Secondary	...	...	...	436	79	18.12



## FOLLOWING UP

During the year the School Nurses paid 54 visits to homes of children and 727 visits to schools, compared with 130 visits to homes and 787 visits to schools in the previous year. During the past year "follow up" visits were paid only to those cases which in the opinion of the School Medical Officer really needed them. The following table is a summary of their work:—

NUMBER OF DEFECTS FOLLOWED UP  
BY SCHOOL NURSES

<i>Defect</i>	<i>No.</i>
UNCLEANLINESS	
Head ... ..	173
Body ... ..	11
TEETH ... ..	2
SKIN ... ..	5
EYE	
Defective vision ... ..	61
Squint ... ..	6
Other conditions ... ..	5
EAR	
Defective hearing ... ..	7
DEFORMITIES ... ..	4
NERVOUS SYSTEM ... ..	3
OTHER DEFECTS AND DISEASES ... ..	10
Total ... ..	287

1198 clinic sessions were worked by School Nurses during 1962.

ARRANGEMENTS FOR TREATMENT

Treatment is carried out at the following School Health Service Clinics:—

Central Clinic Ramsden Street	Child Guidance Clinic Clare Hill	Aspley School Health Centre, Aspley
Dental Clinic Ophthalmic Clinic Orthopaedic Clinic School Clinic Skin Clinic	Child Guidance Clinic Hearing and Speech Centre	Physiotherapy Clinic Ultra Violet Light Clinic

The number of sessions held are included in the data dealing with individual clinics.

Clinics are held also at Salendine Nook (to cater for the 3 schools in the area). Greenhead Clinic and the Huddersfield College of Technology for the treatment of minor ailments.

The following tables show the number of cases dealt with and the number of attendances at these Clinics. Report on the Child Guidance Clinic and the Dental Clinics will be found at the end of this Report.

## PHYSIOTHERAPY CLINIC

The staff shortage has been greatly improved by the appointment last March of three more part-time assistant physiotherapists.

Mr. J. B. Edwards presented swimming certificates to 13 children. They were the first awards of the English Schools Swimming Association for Physically Handicapped children ever to be obtained in Huddersfield. Five of them reached the advanced level standard in spite of severe disabilities.

Remedial exercise classes are still held at all the special schools and at others in outlying districts, thus saving loss of school time.

Foot deformities continue to be a major problem, increased by the fashion for much younger children to wear moderately pointed shoes, these even being found amongst some children of infant and junior school age.

Number of Clinics held ... 531

Cause or Defect	On treatment at beginning of year	New Cases	Cause			No. discontinued during year	Total Attendances
			Referred Orthopaedic Clinic	From R.M.I.	Other		
CONGENITAL:							
C.D.H. ...	1	—	—	—	—	—	26
Club Feet ...	7	5	5	—	—	3	514
Cerebral Palsy ...	2	2	1	1	—	3	54
Spina Bifida ...	5	2	2	—	—	3	73
Flat Foot ...	3	9	9	—	—	12	132
Scoliosis ...	3	3	3	—	—	4	120
Undifferentiated ...	13	6	6	—	—	7	168
ACQUIRED CONDITIONS:							
A.P.M. ...	20	9	7	1	1	14	522
Other pareses of Limbs	3	3	3	—	—	2	98
CHEST CONDITIONS ...	10	43	6	15	22	23	390
POSTURAL DEFORMITIES:							
Curly toes ...	32	90	26	26	38	88	1307
Hallux Valgus ...	22	40	9	21	10	41	533
Pes Cavus ...	2	15	9	3	3	7	190
Pes Planus ...	52	127	38	54	35	108	1486
Poor Posture ...	26	29	6	22	1	19	210
Kyphosis ...	—	7	2	5	—	4	102
Genu Valgum ...	2	14	2	2	10	11	123
Genu Varum ...	—	—	—	—	—	—	2
BIRTH INJURY:							
Spastic Hemiplegia ...	6	6	6	—	—	4	163
Torticollis ...	4	2	2	—	—	4	90
Other ...	1	1	1	—	—	—	56
PERTHES DISEASE ...	—	—	—	—	—	—	—
ACCIDENT ...	2	1	1	—	—	2	28
OTHER ...	23	65	31	9	25	61	880
TOTALS ...	239	479	175	159	145	420	7267
AVERAGE ATTENDANCE PER CLINIC ...	—	0.90	0.33	0.30	0.27	0.79	13.69

## OPHTHALMIC CLINIC

Number of Clinics held ... .. 111

Defect or Disease	New Cases	No. of these referred from S.M.I.	Total Attendances	Referred elsewhere for treatment	Return Cases
EYE:					
Blepharitis ... ..	6	3	10	—	4
Conjunctivitis ... ..	—	—	—	—	—
Defective vision ... ..	238	173	1121	—	883
Squint ... ..	17	5	207	9	190
Other conditions ... ..	10	6	26	3	16
TOTAL ... ..	271	187	1364	12	1093
AVERAGE ATTENDANCE PER CLINIC ... ..	2.44	1.68	12.29	0.11	9.85

The average attendance at this clinic remained more or less constant.

## B.C.G. VACCINATION

No. of children for Skin Test	...	...	...	1501
No. of children positive	...	...	...	138
No. of children negative	...	...	...	1345
No. of children vaccinated	...	...	...	1029

The acceptances this year, out of a total of 2498 letters sent were 68% as compared with 62% in 1961, and 1501 children received the initial skin test.



## SCHOOL CLINIC

Number of Clinics held ... .. 252

Defect or Disease	New Cases	No. of these referred from S.M.I.	Total Attendances	Referred elsewhere for treatment
UNCLEANLINESS ... ..	212	4	685	—
SKIN —Acne ... ..	1	—	1	1
Athletes Foot ... ..	12	1	44	—
Boils and Abscesses ... ..	19	—	43	3
Eczema ... ..	6	—	8	—
Impetigo ... ..	27	—	83	2
Ringworm —Scalp ... ..	—	—	—	—
Body ... ..	4	—	21	—
Scabies ... ..	4	—	9	—
Warts and Verrucae ... ..	250	6	1835	6
Other (Non T.B.) ... ..	130	4	228	7
Minor Injuries ... ..	173	—	310	49
EYE —Blepharitis ... ..	4	—	4	—
Conjunctivitis ... ..	11	—	17	1
Keratitis ... ..	—	—	—	—
Corneal Opacities ... ..	—	—	—	—
Squint ... ..	3	—	3	2
Defective vision... ..	30	—	31	3
Other ... ..	55	2	67	9
EAR —Defective hearing ... ..	13	6	21	2
Otitis Media ... ..	6	—	10	5
Other ... ..	32	3	61	11
NOSE AND THROAT—				
Enlarged Tonsils ... ..	7	—	7	1
Adenoids... ..	—	—	—	—
Tonsils and Adenoids ... ..	2	—	2	2
Other ... ..	28	2	34	8
ENLARGED CERVICAL GLANDS (Non T.B.)	2	—	3	—
DEFECTIVE SPEECH ... ..	6	—	7	3
DEFECTIVE TEETH ... ..	2	—	2	2
LUNGS- Bronchitis ... ..	—	—	—	—
Other (Non T.B.) ... ..	5	—	8	—
NERVOUS SYSTEM—				
Epilepsy ... ..	—	—	—	—
Chorea ... ..	—	—	—	—
Other ... ..	7	2	9	1
DEFORMITIES—				
Pes Planus ... ..	6	—	6	1
Other ... ..	28	—	29	3
HEART ... ..	1	—	1	—
OTHER DEFECTS AND DISEASES ...	161	1	197	48
TOTAL ... ..	1247	31	3786	170
AVERAGE ATTENDANCE PER CLINIC ...	4.95	0.12	15.03	0.67

The numbers attending the School Clinic showed a decrease, but there was an increase in the average number of attendances at the clinic. The main single items for which children attended the clinic were for uncleanliness and warts and verrucae. The main conditions causing attendance were various skin conditions and minor injuries.

SALENDINE NOOK CLINIC

Number of Clinics held ... 376

Defect or Disease	New Cases	Total Attendances	Referred elsewhere for treatment
UNCLEANLINESS ... ..	12	219	—
SKIN —Acne ... ..	25	28	—
Athletes Foot ... ..	35	107	—
Boils and Abscesses ... ..	55	98	—
Eczema ... ..	3	3	—
Impetigo ... ..	1	1	—
Warts and Verrucae ... ..	155	976	—
Other (Non T.B.) ... ..	84	93	—
Minor Injuries ... ..	1184	1748	18
EYE —Blepharitis ... ..	4	8	—
Conjunctivitis ... ..	10	13	—
Defective vision ... ..	5	5	—
Other ... ..	75	86	—
EAR —Otitis Media ... ..	5	6	—
Defective hearing ... ..	—	—	—
Other ... ..	25	25	—
NOSE AND THROAT—			
Enlarged tonsils ... ..	4	4	—
Adenoids... ..	—	—	—
Other ... ..	93	96	1
ENLARGED CERVICAL GLANDS (Non T.B.) ...	4	4	—
DEFECTIVE SPEECH ... ..	—	—	—
DEFECTIVE TEETH ... ..	20	21	—
RHEUMATISM ... ..	3	3	—
LUNGS- Bronchitis ... ..	—	—	—
Other (Non T.B.) ... ..	—	—	—
NERVOUS SYSTEM—			
Epilepsy ... ..	—	—	—
Other ... ..	30	30	—
OTHER DEFECTS AND DISEASES ... ..	942	984	18
TOTAL ... ..	2774	4558	37
AVERAGE ATTENDANCE PER CLINIC ... ..	7.38	12.12	0.10

GREENHEAD HIGH SCHOOL CLINIC

Number of Clinics held ... .. 104

Defect or Disease	New Cases	Total Attendances	Referred elsewhere for treatment
UNCLEANLINESS ... ..	—	—	—
SKIN —Warts and Verrucae ... ..	84	516	—
Other (Non T.B.) ... ..	94	124	—
Minor Injuries ... ..	165	312	1
Acne ... ..	1	1	—
Athletes Foot ... ..	5	16	—
Boils and Abscesses ... ..	6	13	—
Eczema ... ..	2	2	—
EYE —Blepharitis ... ..	3	6	—
Conjunctivitis ... ..	2	2	—
Defective vision... ..	1	1	—
Other ... ..	9	11	—
EAR —Other ... ..	3	4	—
NOSE AND THROAT—			
Enlarged tonsils ... ..	1	1	—
Tonsils and Adenoids ... ..	2	4	—
Other ... ..	13	13	—
LUNGS ... ..	—	—	—
DEFECTIVE TEETH ... ..	2	2	—
RHEUMATISM ... ..	2	3	—
NERVOUS SYSTEM ... ..			
Other ... ..	15	15	—
DEFORMITIES—			
Other ... ..	3	3	—
OTHER DEFECTS AND DISEASES ... ..	57	77	—
TOTAL ... ..	470	1126	1
AVERAGE ATTENDANCE PER CLINIC ... ..	4.52	10.83	0.01



ORTHOPAEDIC CLINIC

Number of Clinics held ... .. 48

Type or Defect	New cases	No. refer- red from S.M.I.	Total attend- ances
CONGENITAL—			
C.D.H. ... ..	—	—	13
Club Foot ... ..	2	—	13
Cerebral Palsy ... ..	—	—	9
Spina Bifida ... ..	2	—	7
Undifferentiated ... ..	—	2	19
ACQUIRED CONDITIONS—			
A.P.M. ... ..	3	1	51
Other Paresis of Limbs ... ..	—	—	2
TUBERCULOSIS— ...			
Bone ... ..	—	—	—
Joint ... ..	—	—	1
DEFORMITY OF CHEST ... ..	3	1	3
POSTURAL DEFORMITIES ... ..			
Kyphosis ... ..	—	—	1
Pes Cavus ... ..	1	—	16
Pes Planus ... ..	11	5	121
Poor Posture ... ..	3	1	8
Scoliosis ... ..	1	1	16
Genu Valgum ... ..	18	2	67
Genu Varum ... ..	1	1	9
BIRTH INJURY—			
Erb's Palsy ... ..	—	—	1
Spastic Hemiplegia ... ..	2	—	23
Torticollis ... ..	—	—	11
Other... ..	—	—	3
PERTHE'S DISEASE ... ..	—	—	8
OSTEOCHONDRITIS ... ..	—	—	5
OSTEOMYELITIS ... ..	1	—	3
ACCIDENT ... ..	6	1	18
OTHER ... ..	150	32	555
SLIPPED FEMORAL EPIPHYSIS ... ..	2	—	4
TOTAL ... ..	206	47	987
AVERAGE ATTENDANCE PER CLINIC ...	4.29	0.98	20.56

Number of children recommended In-patient treatment	23
Out-patient treatment (Massage and Exercises) ...	—
Number of children referred for X-ray ... ..	72
Number of children recommended new appliances or alterations to old appliances ... ..	31
Number of children recommended other treatment ...	16

## ULTRA VIOLET LIGHT CLINIC

Number of Clinics held ... .. 32

Defect or Disease	New Cases 1st Course	New Cases 2nd Course	Referred from own Doctor	Referred from S.M.I.	Total attend- ances
MALNUTRITION... ..	—	—	—	—	—
SKIN—					
Boils ... ..	—	—	—	—	—
Other Conditions ...	1	—	1	—	29
ENLARGED CERVICAL GLANDS	—	—	—	—	—
LUNGS—					
Bronchitis... ..	4	—	2	1	49
Other (Non T.B.) ...	6	—	1	2	155
NERVOUS SYSTEM—					
Chorea ... ..	—	—	—	—	—
Other conditions ...	—	—	—	—	—
OTHER DEFECTS AND DISEASES	17	1	7	5	160
TOTAL ... ..	28	1	11	8	393
AVERAGE ATTENDANCE PER CLINIC ... ..	0.34	0.01	0.13	0.10	4.79

## CHIROPODY CLINIC

	New cases	Referred from R.M.I.	Total attendances
Warts and Verrucae ... ..	29	3	168
Athletes Foot ... ..	—	—	—
Other... ..	15	1	101

## IMMUNISATION CLINIC

Immunisation clinics were held as usual during the year. The following figures show the number of children dealt with:—

Number of children immunised against:—

Diphtheria	...	...	...	...	...	...	1378
Diphtheria and Pertussis combined	...	...	...	...	...	...	167
Pertussis	...	...	...	...	...	...	98

At the end of 1962 it was estimated that 74.38% of the children between the ages of five and fourteen, and 72.27% of the children between the ages of one and four, and 28.89% of the children under one year, had received this protection against diphtheria.

## MEDICAL EXAMINATIONS

168 medical examinations for the purpose of completing Forms 10R (Med), 4 R.T.C. and 28 R.Q. were carried out during the year by the School Health Service.

## INFECTIOUS DISEASES (NOTIFIABLE)

The following table shows the number of cases of infectious diseases as occurring amongst children aged five to fifteen years, notified during the last five years.

			1958	1959	1960	1961	1962
Scarlet Fever	...	...	124	141	100	39	26
Measles	...	...	6	797	23	1305	349
Whooping Cough	...	...	34	21	96	23	2
Dysentery	...	...	292	84	243	338	94
Pneumonia	...	...	11	10	5	5	11
Tuberculosis—							
Pulmonary	...	...	2	3	1	2	3
Non-Pulmonary	...	...	3	1	2	1	1
Acute Poliomyelitis	...	...	7	3	—	—	—
Meningococcal Infection	...	...	—	2	—	—	—
Para-Typhoid	...	...	1	—	1	—	1
Food Poisoning	...	...	8	—	2	—	4
Encephalitis	...	...	—	1	—	—	—



## HANDICAPPED PUPILS

DEFECT	SPECIAL SCHOOLS	Pupils as- certained during 1962	Total No. now known in Borough 31.12.62	Number at Special Schools 31.12.62
BLIND:	... ..	—	4	4
	Condoover Hall, Shrewsbury ... ..			1
	Sheffield School for Blind ... ..			3
PARTIALLY SIGHTED:	... ..	—	6	5
	Exhall Grange, Coventry ... ..			1
	Preston School for Partially Sighted ... ..			2
	Temple Bank, Bradford ... ..			2
DEAF:	... ..	1	6	6
	Odsal House, Bradford ... ..			2
	Royal School for Deaf, Doncaster ... ..			1
	St. John's Boston Spa ... ..			2
	Mary Hare Grammar School for Deaf, Newbury ... ..			1
PARTIALLY DEAF:	... ..	—	4	4
	Odsal House, Bradford ... ..			2
	Yorks. School for Deaf, Doncaster ... ..			1
	School for Deaf, Boston Spa ... ..			1
DELICATE:	... ..	4	4	2
	St. Catherine's Ventnor ... ..			1
	Corley Hall, Coventry ... ..			1
EDUCATIONALLY SUBNORMAL:	... ..	40	189	173
	Woodhouse School, Huddersfield ... ..			141
	Ashwood School, Huddersfield ... ..			26
	Crowthorne, Bolton ... ..			3
	Etton Pasture, Nr. Beverley ... ..			1
	Besford Court, Nr. Worcester ... ..			1
	Meadows House School ... ..			1
EPILEPTIC:	... ..	1	4	3
	Colthurst House, Alderley Edge ... ..			3
MALADJUSTED:	... ..	—	3	3
	St. Hilliards, Mickleton ... ..			1
	Wm. Henry Smith School, Brighouse ... ..			1
	Stretton House Hall, Derby ... ..			1
PHYSICALLY HANDICAPPED:	... ..	4	15	9
	Holly Bank, Huddersfield ... ..			6
	Welburn Hall, Kirkbymoorside ... ..			1
	Queen Elizabeth Training College ... ..			1
	Odsal House, Bradford ... ..			1
TOTAL ... ..		50	235	209

## HANDICAPPED PUPILS

During 1962, 86 children were referred for special examination by the School Medical Officers in order to ascertain whether they were educationally subnormal, or had a more severe mental handicap.

The results of such examinations were as follows:—

Educationally Subnormal:—

requiring education in a special school	...	...	40
---	-----	-----	----

No disability of mind:—

considered suitable for education in an ordinary school			41
---	--	--	----

Mental subnormality:—

Notified to Mental Health Sub-Committee under Second Schedule Section 11 of the Mental Health Act, 1959	...	...	...	...	...	...	...	5
---	-----	-----	-----	-----	-----	-----	-----	---

Subnormal	...	...	1
Severely subnormal	...		1
Voluntary supervision			3

## REPORT ON SCHOOL MEALS SERVICE

Total number of meals served during 1962	...	...	2,413,891
Average number of meals per day	...	...	12,572
Approximate No. of children taking School Meals			11,253
Approximate No. of children taking School Milk	...		14,050
Average No. children on Roll	...	...	19,077
Average % children taking School Meals	...	...	58.99
Average % children taking School Milk	...	...	73.65

MEDICAL INSPECTION AND TREATMENT RETURNS  
Year ended 31st December, 1962

PART 1

MEDICAL INSPECTION OF PUPILS ATTENDING  
MAINTAINED PRIMARY AND SECONDARY SCHOOLS  
(INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—PERIODIC MEDICAL INSPECTIONS

Age Groups inspected (By year of Birth)	No. of pupils ins- pected	Physical Condition of Pupils Inspected				Pupils found to require treatment (excluding dental diseases and infestation with vermin)		
		Satisfactory		Unsatisfactory		For defect- ive vision (excluding squint)	For any other con- dition re- corded at Part II	Total Individual Pupils
		No.	% of Col. 2	No.	% of Col. 2			
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
1958 & later	4	4	100%	—	—	—	—	—
1957	1580	1579	99.94	1	0.06	52	223	249
1956	173	173	100.00	—	—	7	24	29
1955	37	37	100.00	—	—	3	7	10
1954	69	69	100.00	—	—	11	8	18
1953	35	35	100.00	—	—	6	3	9
1952	1656	1656	100.00	—	—	245	214	408
1951	82	82	100.00	—	—	14	4	17
1950	37	37	100.00	—	—	5	—	5
1949	295	295	100.00	—	—	64	39	91
1948	1430	1429	99.93	1	0.07	253	145	350
1947 and earlier	458	458	100.00	—	—	108	26	132
TOTAL	5856	5854	99.97	2	0.03	768	693	1318

TABLE B—OTHER INSPECTIONS

Number of Special Inspections	...	...	6512
Number of Re-Inspections	...	...	2186
Total	...	...	8698



TABLE C—INFESTATION WITH VERMIN

(a)	Total number of individual examinations of pupils in schools by school nurses or other authorised persons	... ..	23,142
(b)	Total number of individual pupils found to be infested	... ..	662
(c)	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	... ..	Nil
(d)	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	... ..	Nil

TABLE D—SCREENING TESTS OF VISION AND HEARING

1.	(a)	Is the vision of entrants tested?	Yes
	(b)	If so, how soon after entry is this done? ... ..	First year of school life
2.		If the vision of entrants is not tested, at what age is the first vision test carried out? ...	—
3.		How frequent is vision testing repeated throughout a child's school life? ... ..	Three times
4.	(a)	Is colour vision testing undertaken?	Yes
	(b)	If so, at what age? ... ..	14
	(c)	Are both boys and girls tested?	No (boys only)
5.		By whom is vision and colour testing carried out? ... ..	Vision—Health Visitor Clinic Nurse Colour Vision— Doctor
6.	(a)	Is audiometric testing of entrants carried out? ... ..	Yes
	(b)	If so, how soon after entry is this done? ... ..	2nd year in Infant Sch.
7.		If the hearing of entrants is not tested, at what age is the first audiometric test carried out?	—
8.		By whom is audiometric testing carried out? ... ..	Health Visitor/ Clinic Nurse & Audiologist

## PART II

Return of Defects found by Medical Inspection in the  
Year ended 31st December, 1962

TABLE A—PERIODIC INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	PERIODIC INSPECTIONS			
		Entrants	Leavers	Others	Total
4	Skin ... .. T	21	37	19	77
		9	7	6	22
5	Eyes —a. Vision ... T	79	419	270	768
		51	55	52	158
	b. Squint ... T	41	20	28	89
		2	—	2	4
	c. Other ... T	10	11	8	29
		—	—	2	2
6	Ears —a. Hearing ... T	7	8	7	22
		12	2	7	21
	b. Otitis Media T	9	2	7	18
		4	2	2	8
	c. Other ... T	3	4	5	12
		1	1	2	4
7	Nose and Throat ... T	51	13	15	79
		46	10	16	72
8	Speech... .. T	11	3	3	17
		9	1	3	13
9	Lymphatic Glands ... T	4	1	—	5
		13	1	3	17
10	Heart ... .. T	3	3	2	8
		19	10	3	32
11	Lungs ... .. T	7	2	7	16
		15	5	6	26
12	Developmental a. Hernia T	5	1	3	9
		5	—	1	6
	b. Other T	6	10	17	33
		76	8	25	109
	Orthopaedic a. Posture T	5	17	8	30
		1	3	1	5
13	b. Feet T	24	8	15	47
		16	7	2	25
	c. Other T	50	46	58	154
		20	24	20	64
14	Nervous System				
	a. Epilepsy T	1	6	1	8
		—	2	—	2
15	b. Other ... T	17	2	9	28
		27	6	9	42
	Psychological				
16	a. Development T	3	13	15	31
		3	—	5	8
	b. Stability T	3	1	2	6
		1	6	3	10
17	Abdomen ... .. T	3	—	3	6
		2	—	—	2
17	Other ... .. T	7	6	4	17
		4	2	2	8

TABLE B—SPECIAL INSPECTIONS

Defect Code No. (1)	Defect or Disease (2)	Special Inspections	
		Pupils Requiring Treatment (3)	Pupils Requiring Observation (4)
4	Skin ... ..	2522	4
5	Eyes— a. Vision ... ..	156	92
	b. Squint ... ..	15	2
	c. Other ... ..	178	2
6	Ears— a. Hearing ... ..	9	7
	b. Otitis Media ... ..	13	—
	c. Other ... ..	58	2
7	Nose and Throat ... ..	158	35
8	Speech ... ..	7	11
9	Lymphatic Glands ... ..	7	5
10	Heart ... ..	11	19
11	Lungs ... ..	17	6
12	Developmental—		
	a. Hernia... ..	—	3
	b. Other ... ..	8	37
13	Orthopaedic—		
	a. Posture ... ..	21	—
	b. Feet ... ..	20	4
	c. Other ... ..	189	15
14	Nervous System—		
	a. Epilepsy ... ..	2	2
	b. Other ... ..	56	16
15	Psychological—		
	a. Development ... ..	—	4
	b. Stability ... ..	6	—
16	Abdomen ... ..	—	1
17	Other ... ..	1178	7



## PART III

TREATMENT OF PUPILS ATTENDING MAINTAINED PRIMARY AND  
SECONDARY SCHOOLS (INCLUDING NURSERY AND SPECIAL SCHOOLS)

TABLE A—EYE DISEASES, DEFECTIVE VISION AND SQUINT

	Number of cases known to have been dealt with
External and other, excluding errors of refraction and squint ... ..	241
Errors of refraction (including squint) ...	3481
Total ... ..	3722
Number of pupils for whom spectacles were prescribed ... ..	2219

TABLE B—DISEASES AND DEFECTS OF EAR, NOSE AND THROAT

	Number of cases known to have been dealt with
Received operative treatment—	
(a) for disease of the ear ... ..	—
(b) for adenoids and chronic tonsilitis	275
(c) for other nose and throat conditions	—
Received other forms of treatment ...	420
Total ... ..	695
Total number of pupils in schools who are known to have been provided with hearing aids—	
(a) in 1962 ... ..	2
(b) in previous years ... ..	9

TABLE C—ORTHOPAEDIC AND POSTURAL DEFECTS

	Number of cases known to have been treated
(a) Pupils treated at clinics or out-patients departments ... ..	831
(b) Pupils treated at school for postural defects... ..	93
Total ... ..	924

TABLE D—DISEASES OF THE SKIN (excluding uncleanliness)

	Number of cases known to have been treated
Ringworm—	
(a) Scalp ... ..	—
(b) Body ... ..	4
Scabies ... ..	4
Impetigo ... ..	45
Other skin diseases ... ..	986
Total ... ..	1039

TABLE E—CHILD GUIDANCE TREATMENT

	Number of cases known to have been treated
Pupils treated at Child Guidance Clinics ...	164

TABLE F—SPEECH THERAPY

	Number of cases known to have been treated
Pupils treated by speech therapists ... ..	207

TABLE G—OTHER TREATMENT GIVEN

	Number of cases known to have been dealt with
(a) Pupils with minor ailments ...	986
(b) Pupils who received convalescent treatment under School Health Service arrangements ... ..	—
(c) Pupils who received B.C.G. vaccination ... ..	1029
(d) Other than (a), (b) and (c) above —	
Cervical adenitis ...	13
Lungs ... ..	102
Nervous other ...	41
Heart ... ..	12
Total (a) - (d) ...	2183

## PART IV

DENTAL INSPECTION AND TREATMENT CARRIED OUT BY  
THE AUTHORITY

(a)	1.	Number of pupils inspected by the Authority's Dental Officers:—					
		(a) At Periodic Inspections ...	...	...	...	808	
		(b) As Specials ...	...	...	...	2158	
					Total (1)	2966	
	2.	Number found to require treatment		...	...	2741	
	3.	Number offered treatment ...	...	...	...	2741	
	4.	Number actually treated ...	...	...	...	2615	
(b)	1.	Number of attendances made by pupils for treatment, excluding those recorded at (c) 1 below ...				7204	
	2.	Half days devoted to:—					
		1. Periodic (School) Inspection .....				—	
		2. Treatment ...	...	...	...	1187	
					Total (2)	1187	
	3.	Fillings:—					
		(1) Permanent Teeth	...	...	...	3129	
		(2) Temporary Teeth	...	...	...	687	
					Total (3)	3816	
	4.	Number of Teeth filled:—					
		(1) Permanent Teeth	...	...	...	2984	
		(2) Temporary Teeth	...	...	...	656	
					Total (4)	3640	
	5.	Extractions: (1) Permanent Teeth	...	...	...	1117	
		(2) Temporary Teeth	...	...	...	2570	
					Total (5)	3687	
	6.	Administration of general anaesthetics for extraction ...	...	...	...	1893	
	7.	Number of pupils supplied with artificial teeth...				—	
	8.	Other operations:—					
		(1) Permanent Teeth	...	...	...	2385	
		(2) Temporary Teeth	...	...	...	—	
					Total (8)	2385	
(c)	Orthodontics:						
	(1)	Number of attendances made by pupils for orthodontic treatment ...	...	...	...	—	
	(2)	Half days devoted to orthodontic treatment				—	
	(3)	Cases commenced during the year ...	...	...	...	—	
	(4)	Cases brought forward from the previous year				—	
	(5)	Cases completed during the year ...	...	...	...	—	
	(6)	Cases discontinued during the year ...	...	...	...	—	
	(7)	Number of pupils treated by means of appliances				—	
	(8)	Number of removable appliances fitted			...	—	
	(9)	Number of fixed appliances fitted ...	...	...	...	—	



## SCHOOL DENTAL SERVICE

*A. B. Shields, L.D.S., R.F.P.S.*  
*Principal School Dental Officer*

It is encouraging to report that a small increase in operating staff was recorded as the result of additional sessions worked by part-time dental surgeons.

At the year end dental officers, expressed as a whole time equivalent, was 2 9/11 whole time officers, compared with 2 1/11 in 1961.

The permitted establishment is five permanent wholetime dental officers. The staffing of the dental department was as follows:

- 1 Principal School Dental Officer (wholetime)
- 1 Temporary Assistant Dental Officer (wholetime)
- 2 Part-time Dental Surgeons (9 sessions per week)
- 3 Dental Attendant Clerks (wholetime)

With the additional sessions it was found possible to make dentally fit all children resident in homes maintained by the Local Authority and, in the course of inspections, it was noticeable that the standards of oral hygiene on the whole are much better than in children from parental homes. This would suggest that foster-parents are more conscious of the value of dental health, and impose a reasonable discipline, in order to achieve good results, in the practice of oral hygiene.

Since 1960, when at the beginning of that year a wholetime officer resigned, no further wholetime officers have applied for the post, and variations from year to year have been fractional, depending on the movements of part-time dental surgeons in and out of the School Dental Service.

Probably the most uncertain factors facing this Authority are that no wholetime dental officer has been appointed since 1953 and, in addition, both the present wholetime officers are in the over 60 age group and approaching retirement.

The value of the part-time dental surgeon in the School Dental Service must never be underestimated, because, often at less remuneration, many hours are devoted to public service, which the practitioner can ill afford. On the other hand, the part-time dental surgeon is employed on a sessional basis, having no contract with the Local Authority and giving service according to the demands of private practice. It follows that, to have continuity in a School Dental Service, it is necessary to establish the service on a basis of wholetime personnel, with vacancies between permitted and present establishments occupied by part-time personnel. A permitted establishment of wholetime dental officers must be the aim of every authority if an efficient service is to be maintained. If it is intended to achieve this object, greater consideration will require to be given to the conditions of service, including remuneration, in the School Dental Service, which at present is insufficient to compete on equal terms with other public dental services.

Recently, dental officers in H. M. Forces have been awarded considerable improvements in remuneration, which are certain to attract the younger dental surgeons at the expense of the School Dental Service.

The attitude which accepts the School Dental Officer as, in the first place, a local government officer, and secondly a dental surgeon, is confusing the issue, because it cannot take into account a basic law of economics, that of supply and demand. Dental manpower is scarce, particularly in the School Dental Service. Unless the necessary incentives are available very soon, which will revitalise the Service, its efficiency must, as time goes by, become increasingly impaired, until it ceases to exist as a functional unit.

We in this County Borough, are offering every incentive open to us, such as housing accommodation, and permission to indulge in private practice for a limited number of hours each week, but, in spite of this, not a single application for the post has been received. It might well happen that the commodious and modern equipped health clinic will provide a further incentive in the quest for dental officers, but, on the other hand, such thinking may be wishful when one considers the available dental manpower.

One has the impression that there is no-one with authority at National level sufficiently interested in the Service to suggest ways and means of placing the School Dental Service on a sound footing, so that it can function efficiently along with other branches of the dental services. There is no short term solution for an under-manned School Service, but much could be done to improve the manpower situation in a shorter space of time.

(1) It is essential to allocate a higher proportion of places in the dental schools to students intending to practice in this country, with a corresponding reduction in the places reserved for overseas students.

(2) A reorganised and more practical dental curriculum, reducing the dental course from five to three years, the result of which would produce a quicker turnover of qualified personnel, with a lessening of the financial burden which mainly is the responsibility of the parents of the applicants.

(3) A considerable improvement in the conditions of service of the School Dental Officer, who lags behind other public dental services.

(4) Lastly, to speed up the training of dental hygienists for service in the School Dental Service as practical oral hygienists and teachers of dental health education.

Given the opportunity, there is no reason whatsoever why the School Dental Service should not regain its status as a vital force within the framework of this country's dental services.

In conclusion, I should like to take this opportunity to record my thanks and appreciation to every member of the dental staff for their kind co-operation and loyalty throughout the year.



## REPORT OF THE PSYCHIATRIST ON THE CHILD GUIDANCE SERVICE

The year 1962 did not bring any important changes to the work of the Clinic. At the end of the year, we lost the valuable help of Miss Porritt, who has devoted her full time now to her duties at the Health Department. We hope that a new Social Worker will be appointed soon so that the work can go on steadily, and possibly expand.

We had, during the year, more than the usual number of visitors, all of whom showed great interest in our Services and expressed their gratitude for the opportunity to see the different aspects of the Clinic work. Among the visitors were students from Teacher-Training Colleges who made a special study of children's behaviour problems, and a group of full-time Youth Club Leaders who were anxious to discuss problems of difficult adolescents.

In November we had the visit of a Commonwealth teacher from Uganda who was sent to England by UNESCO for an extensive study of Educational Services. It was gratifying to evoke her very lively interest in Child Guidance work and the special educational provisions that Huddersfield has to offer.

In February of this year the Clinic gave hospitality to a meeting of the Northern Group of Child Guidance Clinics, when Dr. Taylor, the Consultant Psychiatrist of Belmont Hospital, London, gave a stimulating talk on the treatment of psychopaths.

As in previous years, the Psychiatrist attended the Inter-Clinic Conference in London in April and the Weekend Conference in Leeds in September.

The number of cases seen for treatment and awaiting treatment has remained approximately the same, so also as, on the whole, the type of referrals. The "Distribution of Intelligence Table" shows a slight increase of subnormal children, due to the fact that on request of the Headmaster, we have seen a few children from Ashwood Special School partly for diagnostic purposes, partly for treatment. We are glad to say that even for these children, in spite of their low intelligence, Child Guidance treatment has something to offer.

One particularly abnormal girl was placed by us in a Children's Psychiatric Unit for observation, one boy was sent to a hostel for maladjusted boys, and two other boys are awaiting placement.

If the planned Hostel for Maladjusted Children in the area were established, a considerably greater number of our present Clinic population would derive definite benefit from this therapeutic placement away from home, and the prospect of Approved Schools for some, and more severe breakdowns for others, might be avoidable.

With the appointment of a Social Worker more time will, we hope, be available for preventive work. More group sessions of mothers are envisaged, and we would also like to offer to Health Visitors and House Parents of the Children's Department opportunities to talk over in small groups problems of difficult children with the Clinic staff. I would regard such informal discussion groups, especially with Housemothers of the Children's Homes, as very valuable in view of the fact that they have to cope with a considerable number of behaviour problems.

The cases seen by the Psychiatrist have been analysed as usual, and are presented in the following classification.

IRENE TURGEL, M.D.  
Consultant Psychiatrist.

### TREATMENT BY PSYCHIATRIST

#### ANALYSIS OF 114 CHILDREN (81 boys and 33 girls)

#### TREATED BY PSYCHIATRIST IN 1962

##### A. CLASSIFICATION ACCORDING TO PREDOMINANT SYMPTOM

	B/fwd from 1961		Admitted in 1961		Total
	Boys	Girls	Boys	Girls	
1. DELINQUENCY (lying, stealing, housebreaking, truancy) ...	9	1	8	1	19
2. BEHAVIOUR DISORDERS (aggressiveness, defiance, negativism) ... ..	11	7	9	6	33
3. PSYCHOSOMATIC DISORDERS (functional pains, skin disorders, fainting attacks, asthma, enuresis, soiling) ...	9	3	9	2	23
4. NERVOUS OR NEUROTIC MANIFESTATIONS (anxiety states, sleep disorders, depression, hysterical, obsessional symptoms, nervous tics, stammer)... ..	6	4	6	5	21
5. PERSONALITY DISORDERS (inadequate, schizoid, psychopathic personalities, including 3 psychotic cases)	3	2	5	2	12
6. EDUCATIONAL BACKWARDNESS and/or General Immaturity ... ..	2	—	4	—	6
	40	17	41	16	114



## B. CLASSIFICATION ACCORDING TO AETIOLOGY

	B/fwd from 1961		Admitted in 1961		Total
	Boys	Girls	Boys	Girls	
I. PRIMARILY IN THE CHILD					
1. ORGANIC DEFECTS OR DIS- ORDERS OF THE CENTRAL NERVOUS SYSTEM (brain injury, post-meningeal, post-encephalitic, spastic conditions, epilepsy) ...	4	2	1	1	8
2. ITELLECTUAL RETARDATION OR GENERAL IMMATURITY	5	2	3	1	11
3. EMOTIONAL INSTABILITY OR TEMPERAMENTAL ABNOR- MALITIES (ranging from hypersensitiveness to schi- zoid personalities) ...	9	1	6	4	20
4. EMOTIONAL REACTIVE PRO- CESSES:—					
(a) MENTAL CONFLICTS (includ- ing inferiority complex, feel- ings of frustration, rejec- tion, jealousy, etc. ...	6	7	11	2	26
(b) TRAUMATIC EXPERIENCES (including early separation)	6	2	6	1	15
(c) ANTI-SOCIAL CHARACTER FORMATION... ..	2	—	1	—	3
II. PRIMARILY IN THE ENVIRONMENT:					
(a) Faulty family relationships ...	7	2	7	6	22
(b) Inadequate family ... ..	1	1	6	1	9
	40	17	41	16	114

## C. NUMBER OF CASES DEALT WITH:

Cases brought forward from 1961	...	...	...	...	57
Cases admitted in 1962...	...	...	...	...	57
Cases closed in 1962	...	...	...	...	65
Cases carried forward into 1963:	for treatment	38	}	...	49
	for observation	11			

## D. STATUS ON CLOSURE:

Seen for diagnosis only (1-3 interviews)	...	...	...	3
Seen on observation	...	...	...	2
Improved	} after treatment	...	...	33
Very much improved		...	...	11
Not much improved		...	...	5
Unco-operative (parents or child)	...	...	...	5
Placed in Approved or other Residential Schools	...	...	...	3
Left the district	...	...	...	3

## E. DISTRIBUTION OF INTELLIGENCE:

I.Q. 70 or below	7	}	...	subnormal	...	...	21.1%
I.Q. 71 - 85	17						
I.Q. 86 - 115	69		...	average	...	...	60.5%
I.Q. 116 - 130	18		...	superior	...	...	15.8%
I.Q. 131 plus	3		...	very superior	...	...	2.6%

## ANNUAL STATISTICS—1962

Cases brought forward	...	...	...	...	...	88
New Cases	...	...	...	...	...	76
Cases closed	...	...	...	...	...	90
Cases carried forward	...	...	...	...	...	74
Clinical treatment	...	...	...	...	...	38
On observation	...	...	...	...	...	25
Clinical waiting list	...	...	...	...	...	11

## REASONS FOR WHICH NEW CASES WERE REFERRED:—

Behaviour problems	...	...	...	...	...	47
Nervous symptoms	...	...	...	...	...	10
Habit disorders (bed-wetting, etc.)	...	...	...	...	...	16
Educational Problems	...	...	...	...	...	3

## SOURCE OF REFERRAL OF NEW CASES:—

Principal School Medical Officer	...	...	...	...	22
Chief Education Officer	...	...	...	...	1
Parents	...	...	...	...	9
Schools	...	...	...	...	13
General Practitioners	...	...	...	...	17
Probation Officers	...	...	...	...	5
Juvenile Liaison Officer	...	...	...	...	1
Others	...	...	...	...	8

## CASES CLOSED:—

CLOSED:						
Treatment completed	...	...	...	...	...	56
Parent guidance only	...	...	...	...	...	2
Referred to other agencies	...	...	...	...	...	1
Before treatment started	(a)	improved	...	...	...	16
	(b)	unco-operative	...	...	...	3
After treatment started - unco-operative	...	...	...	...	...	5
Left the district	...	...	...	...	...	6
Unsuitable for treatment	...	...	...	...	...	1

## NUMBER OF INTERVIEWS AND OTHER ACTIVITIES

			Educational Psychologist Part-time	Psychiatric Social Worker Part-time	Psychiatrist Part-time
WITH CHILDREN	...	...	138	116	906
Appointments not kept			23	—	212
WITH PARENTS:—					
At home...	...	...	—	149	—
At Centre	...	...	4	207	110
Appointments not kept			1	27	16
LECTURES	...	...	3	—	—
OTHER ACTIVITIES	...	...	57	5	18

## REPORT OF THE AUDIOLOGIST AND SPEECH THERAPIST

This year the Education Committee approved the establishment of a Hearing and Speech Centre. Thus Huddersfield gives a national and progressive lead in assisting children handicapped by Hearing and Speech disorders. Further progress was made by the establishment of another post for a full-time Speech Therapist, to replace Mrs. Brough who at present works the part-time equivalent of four sessions each week.

In June, Mr. Francis completed the Course in Advanced Audiology at Manchester University, Department of Audiology and Education of the Deaf, and in September was appointed Audiologist and Speech Therapist to the Education Committee.

The Centre has the part-time services of a Health Visitor, Mrs. Harris, and a School Nurse, Mrs. Muff, both of whom render very valuable assistance in the assessment and guidance of parents and children. Mrs. Harris attended a short course during the year at Manchester University in the Hearing Screening and Assessment of pre-school and school children.

Students from the Manchester Education Committee's Speech Therapy Training School attend for observation and work practice on two days each week.

A lecture was given in the "Education of Backward Children" course, held at the College of Technology earlier in the year.

## SPEECH THERAPY

The numbers attending for Speech Therapy are down on last year's figures, but this is largely accounted for by the absence of Mr. Francis for the first six months of the year. However, the number of referrals is up; this is because of the increasing realisation of the need for children to be referred for the guidance of a Speech Therapist at an earlier age, rather than being left to the rather risky process of "growing out of it". There are an increasing number of direct requests from parents for assistance. This is because of the work done by Health Visitors and other Welfare Workers, who have good knowledge of available services. Early referral is particularly important with the young stammerer.

More schools have been visited. This is very important, particularly from the point of view of the Head Teacher and their staffs. Their appreciation and co-operation has been shown in many ways, in that requests are now made for a Speech Therapist to visit schools. It is of no little importance that a Head Teacher should know who is being seen, and what is going on, when one of his charges leaves school to visit a Clinic.



## AUDIOLOGY

With the establishment of a Hearing and Speech Centre, the organisation of an Audiology Service was commenced, though of course this had its beginning in earlier years.

The Service primarily consists of:

- (1) The Hearing Screening of infants and pre-school children is carried out by trained Health Visitors and Clinic Nurses at regular sessions held at the Health Department, and occasionally at branch clinics. These clinics concentrate on children born "at risk", or any other child where a hearing loss is thought to be likely.
- (2) The Hearing Screening of children in school is carried out by the School Nurse, using a portable audiometer. The age-range at present is 6-7 years. It has not been possible to give in this report a full summary of the findings of these tests, as the tests are being carried out through the academic year; the whole age-range will have been tested by September, 1963, when a detailed report will be presented.
- (3) When children fail the screening tests, they are referred to the Hearing and Speech Centre for Hearing Assessment, and, depending on the findings, a report is submitted to the Principal School Medical Officer, or the child's family doctor, at the parent's discretion.

The hearing assessment consists of Pure Tone Audiometry and Speech Audiometry, with tests given either in a free field or closed. An assessment is also made of language and speech development. The tests given depend on the child's age and judged development and ability. There is close co-operation with the Educational Guidance Service; children with hearing loss, particularly those of school age, are passed as a matter of routine to the Educational Psychologist for assessment.

Guidance in the use of Hearing Aids is given, as far as possible, from the time a child is fitted, but more liaison is needed with the Hospital Service to make this effective. It is significant that the number of children under supervision and guidance with Hearing Aids is double that of last year, far too many Hearing Aids are wasted when issued, because guidance is not given in their use, and both parents and children tend to reject them. A Hearing Aid is not just something to be put in the ear, but an instrument that must be understood by the parent, and the child taught to use skilfully. This is not sufficiently understood. It is a far easier matter for an adult to adapt quickly to a Hearing Aid, because of his already acquired language and speech background, than for a child who has to begin to listen to new sounds and to learn new discriminations which have not been within his experience.

During the year an Amplivox Speech Audiometer attachment was acquired for use with the tape recorder.

The Audiometers are regularly recalibrated through the Royal National Institute for the Deaf Recalibration Service.

The Hearing and Speech Centre is well equipped to carry out testing procedures and to give guidance and treatment to any child suffering from a hearing or speech disorder who comes within the authority of the Education Committee, and is largely carrying out the recommendations of the Ministry of Education Circular 10/62 of September, 1962.



## SPEECH THERAPY

Number of children on waiting list at 1st January, 1962 ...	30
Number of children referred from 1st January, 1962, to 31st December, 1962 ... ..	91
Number of initial appointments sent for interview of parents and children ... ..	75
Number of appointments kept ... ..	64
Number of initial appointments failed (2 appointments sent)	11
Cases under treatment weekly or fortnightly ... ..	52
Cases under observation or guidance ... ..	80
Cases discharged as normal in speech... ..	75
Cases discharged as having failed appointments ... ..	12
Cases on waiting list 31st December, 1962, awaiting initial appointment or treatment ... ..	46
Number of treatments given ... ..	663
Number of appointments for observation or guidance ...	156
Total number of appointments made ... ..	1,173
Total number of appointments kept ... ..	905

## ATTENDANCE 77.15%

Number of schools visited ... ..	17
Number of school visits ... ..	24
Number of children seen in school ... ..	110

## ANALYSIS OF CASES for the year 1962

	Male	Female	TOTAL
Cleft Palate ... ..	9	5	14
Dyslalia ... ..	94	39	133
Dyslalia (Tongue Tie) ... ..	1	—	1
Dysarthria ... ..	3	3	6
Hyperrhinophonia ... ..	1	—	1
Rhinolalia ... ..	3	—	3
Stammer ... ..	28	13	41
Stammer/Dyslalia ... ..	2	—	2
No disorder found ... ..	3	3	6
	<hr/> 144	<hr/> 63	<hr/> 207

### AUDIOLOGY

Number of children referred for hearing tests by School Medical Officers, Educational Guidance Service and other agencies	... ..	84
Number of tests given, excluding routine Speech Therapy cases	.....	103

### HEARING SCREENING TESTS IN SCHOOLS

Number of Infant Departments in which the age group 6-7 years was tested	... ..	12
Number of tests given as a result of failing the school screening hearing test	... ..	68
Number of children referred to the School Medical Officers or General Practitioners	... ..	45

### PARTIALLY HEARING CHILDREN

Number of children attending for guidance with Hearing Aids (Two discharged as having entered Odsal Special School for the Deaf)	... ..	(18) 16
Number of appointments for guidance	... ..	73
Number of children attending for periodic retests of hearing		63
Number of school visits for children with Hearing Aids or Partially Hearing without Hearing Aids	... ..	21

(Signed) T. R. FRANCIS,  
Audiologist and Speech Therapist.

## REPORT of the EDUCATIONAL PSYCHOLOGIST on the EDUCATIONAL GUIDANCE SERVICE

The Service has continued in its aim to provide psychological guidance and advice to schools with children who show behaviour problems and the less usual types of learning difficulties.

The Educational Welfare Officers' reports on the personal histories and home backgrounds of such children continue to be of great assistance, suggesting, for instance, worrying conditions at home, or past and present sensory and physical defects which are often closely associated with the child's difficulties at school.

Remedial reading instruction for two-hourly periods two mornings per week has continued at six schools and the senior remedial teacher has continued on a half-time basis at The Headlands. It would appear that the vacant post of part-time remedial reading teacher mentioned last year still lacks applicants. The Service has now been granted an establishment of two full-time peripatetic remedial teachers. So far the posts remain unfilled through lack of applicants.

Mrs. Joan Rowland, a lecturer at the College of Technology who is a sociology graduate, has undertaken limited social work for the Service as a follow-up to the initial interviews carried out by Education Welfare Officers. The assistance of a woman social worker has proved particularly useful in certain cases.

Two successful courses for teachers of backward children have been organised and held at the College of Technology. The first, a general course for both primary and secondary teachers, was held in the Spring Term of 1962. Over 90 teachers from Huddersfield and surrounding Education Authorities enrolled. This course involved visits to schools as far afield as Manchester in some cases, and an exhibition of educational aids and apparatus in the Public Library, including a travelling National Book League exhibition. The second course held in the Autumn Term was restricted to teachers of backward children in secondary schools and the number of teachers admitted was limited. This produced a more intimate group atmosphere and was more conducive to discussion.

With the permission of the Director of Education for Oldham, two schools teaching Pitman's Augmented Roman approach to learning to read were visited.

A course run by the English Division of Professional Psychologists entitled "Dyslexia and Remedial Education" was attended and an 'open forum' conducted by the Huddersfield Schoolmasters' Association, the subject of which was "The Education of the Less Able Child", was addressed. A talk was given to the students of the Technical Teachers' Training College entitled "The Work of the Child Guidance Service of the Local Education Authority".

Holly Bank Special School continues to be advised with regard to the admission of, and follow-up work with, cerebral-palsied children. In recognition of this work the school governors have agreed to provide equipment for measuring the Galvanic Skin



Response to be at the disposal of the Educational Psychologist in connection with assessments made of children at Holly Bank and also with his work in connection with the Huddersfield Education Authority. By registering emotional responses via the electrical conductivity of the skin, this instrument, popularly known as the 'lie detector', should prove of value in assessing the responses to intelligence test questions of cerebral-palsied children who are unable to speak or point appropriately when posed a question requiring a choice discrimination.

In order to estimate the effect of home conditions and personal history upon backwardness in reading, an investigation has been made by Education Welfare Officers in 1961 and 1962 into these factors in respect of over 120 children. Cyril Burt's book "The Backward Child" suggests that such factors as poverty, lack of proper maternal care, poor housing conditions, unemployment, poor health, malnutrition, etc., are often found in association with backwardness. Contrary to the findings of this early study, very many of the present sample of 8-year-old backward readers come from good, neat, clean homes that are not shared with grandparents or lodgers. Their parents are youngish, generally in their 30's, and profess a concern for their child's backwardness in reading. This attitude is not shared by the child. Mother is a full-time housewife, father often works in a factory. There are other brothers and sisters. "Milestones" of walking and talking occurred normally. A small but noticeable number of these children have had early physical or emotional upsets and defects of vision, hearing and speech. About one third of the sample have changed Infant's School. Thus the backward readers surveyed are essentially "normal" children whose disability in reading would appear to be related not to the more concrete aspects of material circumstance, but to other, elusive, aspects of home life, such as lack of active parental interest in children's reading poor language development, no books in the home, and so on, as implied by recent studies such as those of Morris and of Fraser. The relationship of neuroanatomical and - physiological immaturity to poor reading attainment should also be considered.

The types of mistakes made on the Burt Reading Test by the majority of these backward readers were most commonly visual in nature, i.e., 'no' being read as 'on', 'of' as 'for', 'sad' as 'said', 'wet' as 'went', etc. From these common mistakes, it is apparent that much reading backwardness could be prevented or at least reduced if children suspected of being backward in reading were given instruction in phonics in their first year in Junior School. The large-scale survey carried out by Morris in Kent in 1959 for the National Foundation for Education Research brought the observation "..... good reading attainment is to be found in ..... those (schools) which begin teaching reading by the phonic method", "Reading in the Primary School". Phonic instruction for all first year junior backward readers may be looked upon as an administrative impossibility by Head Teachers, but such instruction is feasible if the approach suggested by a Leeds Primary School Head at one of the "backwardness" lectures were to be adopted, i.e., that of providing for the last half hour of every morning a programme recorded on tape in the hall for the majority of the children, which is supervised



by the Head Teacher, leaving the class teachers free to concentrate upon the problems of backwardness in the school. Taped programmes suitable for the non-backward are Schools Broadcasts, etc., which would be included in the curriculum in any case.

More common phonic misapprehensions of the backward children studied take the form of (a) having no knowledge of letter sounds - g y z u and v most commonly - (b) giving the name of a letter when its sound is required - z y p e and r most frequently - (c) occasionally giving the wrong sound - b for d, p for g, s for c, i for l, j for g; etc. - (d) one very outstanding instance of giving the wrong name "i" for the sound "l" (it may be noticed that a number of these phonetical mistakes have their basis in faulty visual perception). This again supports the suggestion that the vast majority of 8-year-old children who are backward in reading have little or no phonic knowledge of letter sounds. They have for the most part been taught letter names instead of sounds, and this knowledge is of no value in word building apart from the very necessary names of the vowels.

Remedial reading teachers' report that improvement has been shown by over half the children they have taught over the past two years. Investigation of the reading skills of the majority of children in attendance at Ashwood School was generally suggestive of poor visual perception and orientation, i.e., right to left reading and perceptual reversals and inversions of letter of the same shape such as b and d.

A pilot study was carried out at Ashwood School in order to determine whether any aspects of the intelligence of these less-able subnormal children, as measured by a conventional individual test, were likely to show improvement as the result of specific training in looking at and thinking about objects. The Picture completion sub-scale of the Wechsler Intelligence Scale for Children was chosen for experimental purposes. A special teaching programme was devised by the Head Teacher and class teacher, and ten children were instructed accordingly over a three month period. The children were then retested with the W.I.S.C. Picture Completion test and a statistically significant improvement in performance was observed. It is hoped that it will be possible to extend this type of training to the skills involved in succeeding with the other nine sub-scales of the W.I.S.C. in the expectation that, as the result of training, the children's level of measured and every-day intelligence will rise.

This year has marked a considerable upsurge of interest in teaching machines and programmed learning throughout the country as a whole. A demonstration of the Auto-Tutor teaching machine was attended at Leeds and the Department of Psychology at Sheffield University has been visited, where a major project of research into this new educational aid is under way.

The first course to be held in this country dealing with teaching machines and programmed learning was held in September at Brighton Training College and was attended.

A Kent teacher who has devised his own successful teaching machine and programmes for use with educationally subnormal

pupils has been visited and commissioned to make a machine for this Authority. This is at present on trial at Ashwood Special School and Diagnostic Centre. A further nine machines have been ordered, and it is hoped to investigate their value by the construction of appropriate programmes in eliminating a defect known medically as "Strephosymbolia" which involves the inaccurate perception and reading of letters such as p d b q which are often reversed and inverted by backward pupils. The Special Services Branch of the Ministry of Education has shown interest in this work. An American Kog-7 Linear machine is also being tried out experimentally at one of the Authority's Secondary Modern Schools.

In accordance with the suggestions made by the Advisory Committee for Special Schools of the National Union of Teachers in a report published in 1961, which stated "inability to read towards the end of the infants' stage is a useful criterion in the need to discover whether the reason why the child cannot read is that he/she should be ascertained as E.S.N.," a survey of such children was carried out in May 1962. Infant Head Teachers, were asked to submit the names of those children in their final Infant School term who had failed to learn how to read, and 76 names were put forward. These were given two screening tests of intelligence - a verbal test, the Crichton Vocabulary Scale and a performance test, Raven's Coloured Matrices. Of this number, those scoring in the region of the 5th to 10th percentiles on both tests - some 22 in number - were put forward for individual intelligence tests by the School Medical Officer. Seven of these obtained intelligence quotients which accorded with E.S.N. school placement and in consequence were transferred to Woodhouse Hall or Ashwood. One other has been put forward for special education as a deaf child. Thus some 10% of the children picked out by Head Teachers, who might otherwise have been transferred to Junior Schools, were selected for special education at the earliest possible moment. On the basis of these figures it is advised that an annual screening test of the intelligence of non-readers in the final Infant School term should be carried out by the Local Education Authority.

I would like to express my thanks to the Education Committee and the Chief Education Officer and his staff for their continued help and encouragement during the past year.



## EDUCATIONAL GUIDANCE STATISTICS FOR 1962

## 1. CHILDREN REFERRED BY

Chief Education Officer	...	...	...	...	5
Principal School Medical Officer	...	...	...	...	18
Head Teachers	...	...	...	...	375
Probation and Juvenile Liaison Officers	...	...	...	...	3
Others	...	...	...	...	43

## 2. REASONS FOR REFERRAL

General Backwardness	...	...	...	...	30
Specific Backwardness in: Reading	...	...	...	...	227
Arithmetic	...	...	...	...	1
Spelling	...	...	...	...	1
School placement	...	...	...	...	11
Psychometric Testing	...	...	...	...	124
Behaviour Difficulties	...	...	...	...	50
Vocational Guidance	...	...	...	...	00

## 3. BY EDUCATIONAL PSYCHOLOGIST

Children interviewed and/or tested	...	...	...	...	607
Parents interviewed	...	...	...	...	46
Parents interviewed at home	...	...	...	...	—
Interviews with Head Teachers	...	...	...	...	159
Interviews with Class Teachers	...	...	...	...	29
Interviews with Remedial Teachers	...	...	...	...	5
Interviews with Others	...	...	...	...	48

## 4. BY WELFARE OFFICERS ...

Parents interviewed at home	...	...	...	...	160
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BY SOCIAL WORKER	...	...	...	...	...	6
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## 5. REMEDIAL TEACHERS ( ): 7 plus 1

Children receiving tuition	...	...	...	...	127
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## 6. REFERRED TO OTHER AGENCIES

To Child Guidance Clinic	...	...	...	...	7
To School Health Service	...	...	...	...	37
To Youth Employment Service	...	...	...	...	—
To Juvenile Liaison Officer	...	...	...	...	—
To Others	...	...	...	...	14

(Signed) K. T. PICKUP,  
Educational Psychologist.

## REPORT OF THE GENERAL ORGANISER for the year ended 31st December, 1962

### 1. INTRODUCTION

Physical Education continues to show some progress in all its phases, especially in the boy's work in secondary schools where there are fully trained specialists, but the progress in the girls' work is still restricted by the lack of recruitment of trained women specialists in the secondary schools, and teachers with an adequate background of the subject in junior schools.

The non-specialists in the secondary modern schools, upon whom the burden of the girls' physical education falls, have done an admirable job, not only maintaining the standard which has been established, but in making progress in all aspects of the work.

### 2. ACTIVITIES IN THE SCHOOLS

#### (a) **Physical Training**

All the children of secondary school age continue to enjoy the use of gymnasium facilities, including shower-baths, and extensive use has been made of these facilities. The reconstructed gymnasium at Royds Hall came into use during the year.

All the junior schools have been equipped with some form of climbing apparatus. It is hoped that in future years more climbing apparatus of the fixed type will be installed, and some provision of showers where there are playing fields attached to the school.

Changing for the physical training lesson is now an established fact. The provision of shoes and shorts, and the encouragement to take a shower bath, have proved a useful adjunct in establishing a correct attitude to physical activity, and are a practical application of training in health education.

#### (b) **Organised Games**

Rugby shares popularity with association football as the winter game for boys, and netball with hockey for girls. As more hockey pitches will be coming into use for the secondary modern schools, it is hoped that this game will prove to be a more popular winter game for girls, when more specialist teachers are available.

Cricket as a summer game is still hampered by an inadequate number of level and true wickets, but the schools which have cricket squares have shown progress in the game.

Rounders has maintained its popularity as a summer game for girls, but the introduction of tennis should be a stronger challenge to rounders as five secondary modern schools have now had full use of their tennis courts.



(c) **Athletics**

Considerable progress has been made throughout the year in athletics, and the growing interest in the schools in the less common events such as javelin, discus, shot and hurdling continues. Much of this interest is the result of the introduction of Athletic Awards three years ago. Three standards of attainment are in existence, resulting in 236 Bronze, 96 Silver, and 117 Gold Awards being gained during the year. The Gold Award is of a high standard, the presentation of a badge *as a reward* to the successful children has proved to be a great stimulus. The Athletic Awards which were introduced for junior school children, have proved popular and 20 of these were issued.

(d) **Swimming**

There has again been progress in this aspect of physical education. The total number of attendances at Ramsden Street and Cambridge Road Baths has reached the total of 113,502, added to which are 14,837 attendances at Milnsbridge Bath and 62,009 attendances at Salendine Nook Bath, an average of 1,000 attendances each school day. The drop in numbers at Salendine Nook Bath was due to the bath being unusable on nine days throughout the year because of interruptions to the water and electricity supplies.

Children are still encouraged to take the Education Committee tests, as well as those of the Royal Life Saving Society, and the results for the year are as follows:—

**Borough Swimming Awards    Royal Life Saving Society Awards**

Learners ...	...	1,519	Intermediate ...	108
Elementary	...	933	Bronze Medallion	71
Intermediate	...	500		
880 yards	...	687		
1 Mile	...	509		
Proficiency	...	10		
		<hr/>		<hr/>
		4,158		179
		<hr/>		<hr/>

The awards for personal survival, introduced this year by the Amateur Swimming Association, have been attempted by the schools with great enthusiasm, with the result that 174 Silver and 50 Gold Awards have been gained.

**3. PLAYING FIELDS**

A total of 200 acres of playing fields have been maintained successfully by the Education Committee's groundstaff, although the recruitment of suitably qualified groundstaff is a continued problem. The athletics track at Salendine Nook was fully used during the year. It is to be hoped that the first table of the Deighton County Secondary School playing field can be soiled during the coming year in order to provide a much needed amenity for this school.

The schools without playing fields of their own made good use of the Leeds Road Playing Fields, and 17,269 attendances were made during the year.

#### 4. SCHOOL GARDENS

About 22 acres of gardens have been the responsibility of this Department. Further improvements were carried out at Salendine Nook Site, and more decorative standard trees have been planted in the vicinity. This year has seen the completion of the gardens in front of the College of Technology.

#### 5. OUT OF SCHOOL ACTIVITIES

The scope of activities is growing continually with success. The voluntary work of teachers in this connection deserved the highest commendation. More of the younger teachers took an active part in these activities, and several volunteered for the various administrative posts in the Huddersfield Schools' Sports Association. The Huddersfield Schools' Athletics Association is responsible for the organisation of the greater part of these activities, which include association football, netball, rounders, cricket, gymnastics, athletics and swimming, and it is fortunate in having the services of Mr. N. Chapman as its hard working secretary. Rugby football in the junior and secondary modern schools is organised by the Huddersfield Schools' Amateur Rugby League. Huddersfield New College and St. Gregory's Grammar School, which play Rugby Union, arrange their own fixtures with neighbouring West Riding Grammar Schools.

##### (a) **Cricket**

The Cricket Section had a very successful season, with 12 secondary and 12 junior schools taking part in two Leagues. St. Gregory's R. C. Grammar won the knock-out tournament and Rawthorpe County Secondary were the League champions. A town team was selected and entered in the Yorkshire Schools' Cup Competition, which was narrowly defeated by Leeds in the area final, Leeds eventually winning the County championship.

The season has been a particularly rewarding one for the Secretary, Mr. P. Westerby, and the Chairman, Mr. Hewitt, who must be given full credit for the achievement of the cricket section this year.

##### (b) **Rounders**

As in previous years one League was formed for the junior schools in which 12 schools took part, and two Leagues, together with a knock-out tournament, were arranged for secondary schools. The tournament was won by Newsome County Secondary School.

Six schools took part in the two Leagues, under 13 and under 15 Leagues, and also in the tournament. In spite of the inclement weather all the schools managed to play their matches. The under 15 trophy was won by Fartown County Secondary School, and the under 13 by Newsome County Secondary School, whilst the junior trophy was won by Dalton Junior School.

Miss J. Bell is to be thanked for her work as Secretary.



**(c) Netball**

Enthusiasm for netball in the junior schools appears to flourish and Crow Lane Junior School was the winner of the Junior trophy.

All the matches were played in the secondary schools' league in which all the secondary schools took part. Rawthorpe County Secondary School won the senior league and Salendine Nook County Secondary School the junior league. The annual tournament was held at Salendine Nook in which 12 schools took part. Rawthorpe County Secondary School is to be congratulated on winning the tournament.

Miss Watson is to be thanked for her work as Secretary.

**(d) Rugby Union**

Rugby Union continues to flourish at Huddersfield New College and St. Gregory's R. C. Grammar School. The Huddersfield and District teams had some excellent home games with Manchester and District and the Liverpool Schools' under 15 teams at the Huddersfield Rugby Union Football Club ground at Waterloo.

Mr. R. Capper is to be thanked for his work in this connection

**(e) Rugby League**

The Schools' Amateur Rugby League, of which Mr. T. Armitage is the industrious Secretary, has had another good season. There were 20 teams which played in three leagues, with 7 in each of two senior age groups, and 6 in the junior school league.

20 teams played regularly and Rawthorpe were league leaders but were beaten in the first round of the County Cup Competition. The Town Boys' Team won its section of the County Competition beating Halifax, Dewsbury, York and Doncaster.

**(f) Association Football**

The Huddersfield Schools' Football Association had 31 schools affiliated as 'playing' members, although all schools in the Borough, including girls' schools, were affiliated in order to insure teachers, through the English Schools' Football Association, against legal claims which could arise from accidents in any voluntary school sport.

From these schools, 48 football teams took part in leagues of different age groups, so that on many Saturday mornings more than 520 boys were playing in league and cup competitions. This fulfils the main aim, that as many boys as possible should enjoy playing inter-school Association Football.

Even so, much effort and time were taken in selecting and training a Town Boys' Team to represent the Association, which competed in the English Schools' Cup Competition reaching the 3rd round, before narrowly losing to Barnsley, and in the Wylie Shield, reaching the 3rd round of that competition.

Tests held in May at Bradley Junior School for 70 boys resulted in 40 English Schools' Football Association Proficiency Test Certificates being awarded to boys in 12 of the primary schools.

Mr. Frankish is to be thanked for his work as Secretary.

**(g) Athletics**

The Huddersfield Schools entered a team in the Yorkshire Schools' Athletic Championships at Bridlington, and was most successful in these Championships and had much to be proud of, as it obtained 22 places in the finals. As a result of this three boys were chosen to represent Yorkshire in the English Schools' Athletics Championships at Hull in July. Three teams were entered in the Yorkshire Schools' Cross-Country Championships at Bradford in February, and three boys were selected to represent Yorkshire in the Schools' National Cross-Country Championships.

The Huddersfield Schools' own Athletic Championships were held at Salendine Nook in June. Huddersfield New College won both the boys' 11-13 years and 13-15 years trophies, while St. Gregory's Roman Catholic Grammar School won the girls' 11-13 years trophy, and Greenhead High School the girls' 13-15 years trophy. The Cross-Country Championships were held at Colne Valley High School with 152 boys taking part in the three age groups.

Many teachers have given their time and knowledge unstintingly and have every reason to be proud of the continued rise in the standard of athletics.

Mr. J. White is to be thanked for his years' work as Secretary.

**(h) Swimming**

Swimming during 1962 proved to be another eventful year for the Huddersfield Schools' Swimming Association. Five very successful galas were held, one of which was held purely for primary school children. This proved to be an extremely popular and keenly contested gala. There were 2,366 entries in the five galas.

The Huddersfield team won the Tetly Trophy at the Yorkshire Schools' Swimming Championships at Doncaster in June. Three swimmers were chosen to represent Division 3 at the 13th National Championships at Epsom in October. The success of the Huddersfield swimmers is due to the Advanced Training Scheme, together with the excellent work of the swimming teachers.

Huddersfield High School is to be congratulated on becoming the winning team of Division 3 in the English Schools' Swimming Association's Schools' Team Race.

Mr. R. McNairy is to be thanked for his work as Secretary during the year.

**6. PHYSICAL EDUCATION IN THE YOUTH SERVICE**

A three term course in training in physical education to recruit young women as leaders in physical education was arranged again this year for the 4th year in succession.

A refresher course for men teachers of physical education was again held at Salendine Nook County Secondary School, and proved a success.



It has been the most outstanding year in athletics as the Yorkshire Youth Organisations Sports Association's Athletic Championships were staged at Salendine Nook Athletics track in July, in which over 600 young people from all parts of Yorkshire took part. It proved to be one of the most successful Yorkshire Youth Athletic Championships ever staged.

Cricket continued in the Civic Youth Clubs and seven clubs took part this year in the Civic Youth Club League. The season concluded with a representative match against York.

Basketball continues to meet with success and there are eight teams connected with five Civic Youth Clubs in the Huddersfield and District Basketball League.

The Civic Youth Clubs took part in the Red Triangle football league during the winter, and most of the matches were accommodated on the Education Committee playing fields.

Sailing continues to be one of the features at Moldgreen Civic Youth Club who now use two "Enterprise" dinghies. Several more canoes have been built by members of Civic Youth Clubs, and it is hoped to arrange an experimental canoe event in the summer.

Three boys from Lockwood Civic Youth Club have gained the Duke of Edinburgh's Gold Award and three more their Silver Award. Much of their expedition and mountain rescue training being conducted at Kyndwr Scwd Mountain Training Centre, Derbyshire. The Scheme is also being taken up by other clubs and schools.

Milnsbridge Civic Youth Club continues to be a centre for Olympic Gymnastics, and many gymnasts of international repute have visited the club. Members have also been assisted financially by the Youth Committee to attend advanced courses at national level.

Deighton Civic Youth Club have maintained their interest in 5-a-side football and basketball competitions.

Other activities undertaken during the year by the Huddersfield Youth Committee were:—

1. Netball Rally at Lockwood Civic Youth Club in April.
2. Huddersfield Youth Cross-Country Championships at Newsome County Secondary School in May.
3. Tennis Tournament at St. Gregory's R. C. Grammar School in May.
4. Huddersfield Youth Athletics Sports Championships at Salendine Nook in June.
5. The weekly fixtures of the Youth Netball League in which nine teams took part in the summer league, and nine in the winter league.
6. The Youth Gala at Cambridge Road Baths in July.

The Huddersfield Youth Clubs also took part in the following Yorkshire Youth Sports' Association activities:—

- (a) Badminton Competition at Bradford in January.
- (b) Table Tennis Tournament at Ecclesfield in March.
- (c) Cross-Country Competition at Barnsley in March.
- (d) 5-a-side Football Competition at Batley in April.
- (e) Netball Tournament at Sheffield in May.
- (f) Tennis Tournament at Halifax in June.
- (g) Athletics Sports at Huddersfield in July.
- (h) Swimming Gala at Wakefield in October.
- (i) Week-end course at Lilleshall National Recreation Centre in December, for badminton and table-tennis.

Thanks are again due to Mr. J. Wood, the Youth Officer, together with the willing band of Youth Leaders for their untiring efforts in creating enthusiasm for physical education amongst the Civic Youth Clubs, and for their close co-operation with this department at all times.

## 7. CONCLUSION

In concluding this report, I would like to express my appreciation of the generous help received from the Chief Education Officer and his personal staff, and the helpful co-operation of the official staff. This year has also seen a continuation of the friendly co-operation between the Huddersfield teachers and this department.

The encouragement given by the Education Committee to physical education is a stimulus at all times.

J. EDWARDS,  
General Organiser.





